

Work Order ID 91920

October-19-12 2:32:03 PM

91920

Page 1

Item ID: D3319-3

Accept

N900040100

Setup Start

NS1

Revision ID:

Stop

NS2

Item Name: Wearplate

Start Date: 10/18/12 Start Qty: 12.00

12

Cust Item ID:

Required Date: 11/09/12 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals:

Process Plan: MLJ

Date: 12-10-22 Tooling:

Date:

QC:

Date: SPC (Y/N):

Date:

Run Start

NR1

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3319	C

100

0.00

100

FLOW WATER JET

Waterjet

Memo

0.00

FLOW CNC Waterjet

1-Cut as per Dwg D3319

Dwg Rev: C

100 100

Prog Rev: C

2-Deburr if necessary

12

0

Jm 12-10-28

110

QC2- Inspect parts off machine FAI/FAIB

0.00

110

QC

Memo

0.00

Quality Control

12

0

Jm 12-10-28

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other		

91920

October-19-12 2:32:03 PM

N900040100

Setup Start *NS1*

Stop *NS2*

12

12

Reference:

Run Start *NR1*

Stop ***NR2***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Insp. Stamp

0.00

120

0.00

QC

Memo

Quality Control

0.00

140

NC BRAKE

0.00

Brake NC

Memo

Brake NC

Form using DT8326 & DT8261 as per Dwg D3319Rev: C

QC6- Inspect dimensions to drawing

0.00

150

0.00

QC

Memo

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION <div style="display: flex; justify-content: space-around;"> <div> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> </div> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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91920

October-19-12 2:32:03 PM

N900040100

Setup Start *NS1*

Stop ***NS2***

12

12

Run Start *NR1*

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

**Insp.
Stamp**

160

0.00

Memo

Weld hard surface using D3319-3T2 per QSI 004 and Dwg D3319
Batch A/R 7560 Hardcoat Rod *min 2880*

0.00

170

Memo	0.00
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Memo

0.00

180

Memo	0.00
-------------	------

Memo

Quality Control

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 91920

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Item ID: D3319-3 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Wearplate
 Start Date: 10/18/12 Start Qty: 12.00 *12* Cust Item ID:
 Required Date: 11/09/12 Req'd Qty: 12.00 *12* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190 *190* Powdercoat Powder Coating	Grey Sandtex(Ref:4.3.5.6) per QSI005 4.3 Memo START TIME: 2-10 OVEN TEMPERATURE: 320 °F FINISH TIME: 2-40	0.00 0.00				12 X 0			m/ 12/11/21
200 *200* QC Quality Control	QC3- Inspect Part Finish Memo	0.00 0.00				12 0	12/11-21		12/11/21
210 *210* Packaging Packaging	Packaging Memo Identify on inside surface using a permanent fine point marker with the following:TCCA-PDA, Dart Aerospace Ltd.P/N: D3319-3, B/N: BXXXXXXFor Product Eligibility see PDA05-18 and Stock Location: 50500	0.00 0.00							12/11/21 12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Work Order ID 91920

91920

Page 5

October-19-12 2:32:03 PM

Item ID: D3319-3 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Wearplate
 Start Date: 10/18/12 Start Qty: 12.00 *12* Cust Item ID:
 Required Date: 11/09/12 Req'd Qty: 12.00 *12* Customer:
 Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
220	QC21- Final Inspection - Work Order Release	0.00							
220									
QC	Memo	0.00							
Quality Control									

12/11/26 JF

12-11-26

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

October-19-12 2:32:02 PM

Page 1

Work Order ID: 91920

Parent Item: D3319-3

Parent Item Name: Wearplate

Start Date: 10/18/12

Required Date: 11/09/12

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP: A05.05.12New issueKJ/JLM
IPP Rev:B Now on Waterjet 06-10-03 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M1010S18GA 1010/1025 SHEET .048		Purchased	No			100	sf	109.4855	3.2524	41.082947 <u>342.0</u>			
						<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>					
						MAT019	109.485474						
						116268	0.485474						
						117806	9						
						122311	12.5						
						122440	87.5						
										<u>122440</u>			

Jm 12-10-28

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector			
Doc/Data <input type="checkbox"/>												
Equip/Tooling <input type="checkbox"/>												
Operator <input type="checkbox"/>												
Material <input type="checkbox"/>												
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Supplier <input type="checkbox"/>												
Training <input type="checkbox"/>												
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DART AEROSPACE LTD		Work Order:	91920
Description: Wearplate		Part Number:	D3319-3
Inspection Dwg: D3319 Rev: C		Page 1 of 1	

FIRST ARTICLE INSPECTION CHECKLIST

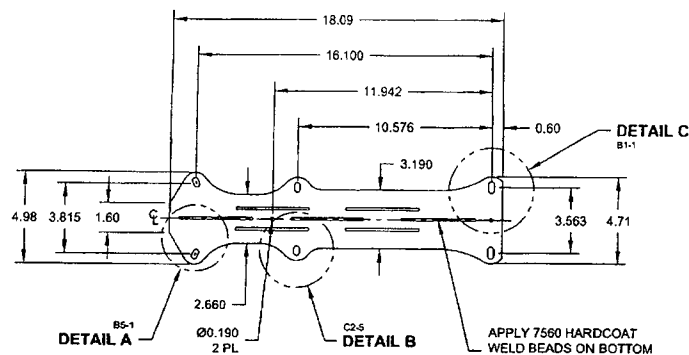
Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø0.190	+0.005/-0.001	0.193"	-		✓	Mmo1
Ø0.500	+0.006/-0.001	0.500"	-		✓	
0.316	+/-0.010	0.312"	-		✓	
0.607	+/-0.010	0.605"	-		✓	
2.94	+/-0.030	2.957"	-		✓	
2.69	+/-0.030	2.704"	-		✓	
3.527	+/-0.010	3.531"	-		✓	
4.52	+/-0.030	4.520"	-		✓	
5.063	+/-0.010	5.066"	-		✓	
6.16	+/-0.030	6.162"	-		✓	
0.60	+/-0.030	0.598"	-		✓	
8.690	+/-0.010	8.697"	-		✓	ProdWJ02
30.790	+/-0.010	30.790"	-		T	ProdWJ03
52.88	+/-0.030	52.88"	-		T	
62.770	+/-0.010	62.770"	-		T	
74.420	+/-0.010	74.420"	-		T	
75.52	+/-0.030	75.52"	-		T	
0.050	+/-0.010	0.047"	-		✓	

Measured by:	JM
Date:	12-10-08

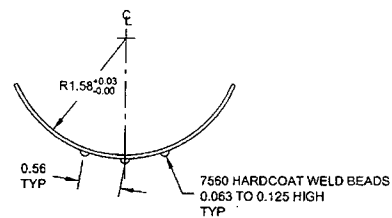
Audited by:	DAE 15
Date:	12-10-09

Preliminary Approval:	
Date:	

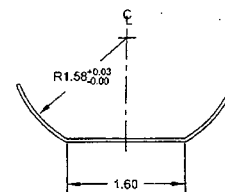
Rev	Date	Change	Revised by	Approved
A	07.07.18	New Issue	KJ/JLM	
B	12.05.15	Dimensions updated per Dwg Rev C	KJ	



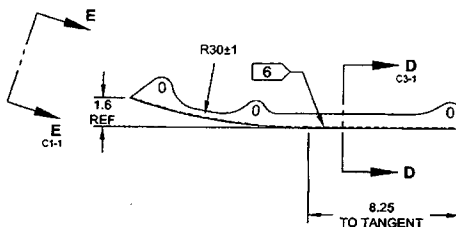
D3319-1F FLAT PATTERN



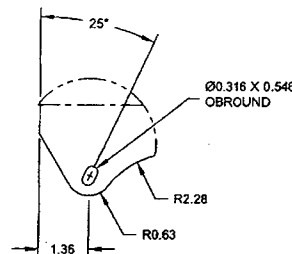
SECTION D-D
SCALE 4X



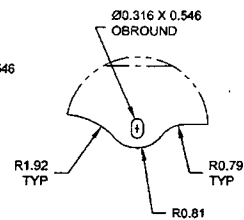
SECTION E-E
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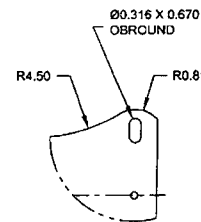
D3319-1 BENDING DETAIL
MAKE FROM D3319-1F



DETAIL A
SCALE 4X



DETAIL B
SCALE 4X



DETAIL C
SCALE 4X

D3319-1 WEARPLATE

NOTES:

- 1) MATERIAL: AISI 1010-1025 OR ASTM A36/A366/A1008 OR CSA G40-21, 38W/44W/50W/60W/70W SERIES STEEL 18 GAUGE (0.048 THICK) REF. DART SPEC. M1010-S18GA
- 2) FINISH: POWDER COAT GREY SANDTEX (REF.4.3.5.6) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY ON INSIDE SURFACE WITH "TCCA-PDA, DART AEROSPACE LTD., P/N D3319-1 B/N BXXXX, FOR PRODUCT ELIGIBILITY SEE PDA05-18" PER DART QSI 044 6.1 (FINE POINT PAINT MARKER)
- 7) WEIGHT: 0.90 lbs APPROX
- 8) SYMMETRY: ABOUT CENTERLINE

RELEASED
2012-03-16
PER ECN 12-546 12.03.16

C	UPDATE TO CURRENT STANDARDS IAW QSI 043; CLOSED AFT. MOST HOLE ON -3/-5/-7 (REF DETAIL G). SEE NCR12-547.	MB	12.03.13
B	WIDEN HOLES, REDUCE WIDTH ON -3/-5/-7	PH	05.06.06
A	NEW ISSUE	PH	04.09.24
REV.	DESCRIPTION	BY	DATE
DESIGN	PH		
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	12.03.13		

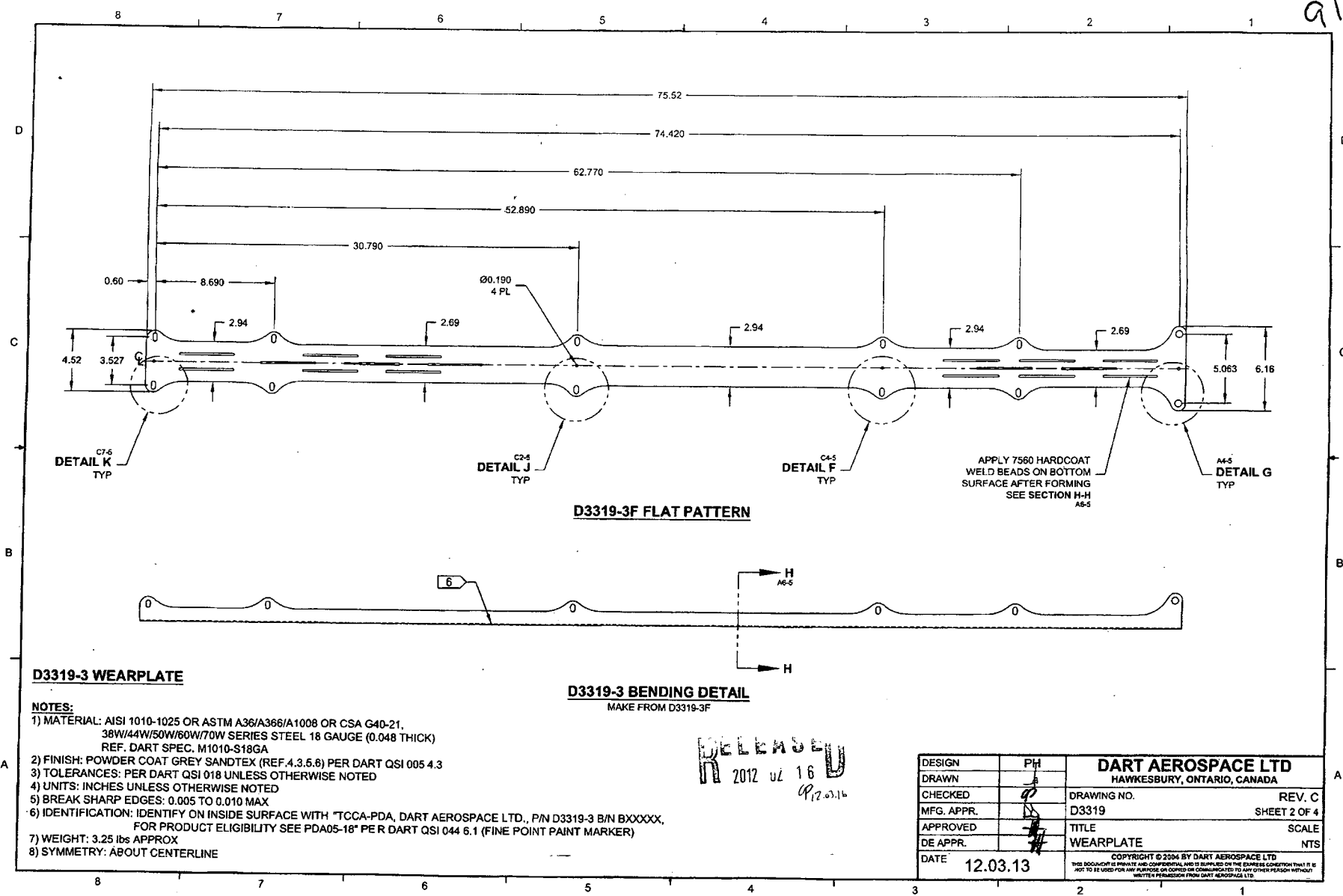
DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D3319
TITLE WEARPLATE
REV. C
SHEET 1 OF 4
SCALE NTS

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SHOW
REVIEW
ENGINEER
UNCONTROLLED
SUBJECT TO
WITH
WORK
NO. 9.19 20 MLS
12-10-22

91920



D3319-3F FLAT PATTERN

D3319-3 WEARPLATE

D3319-3 BENDING DETAIL
MAKE FROM D3319-3F

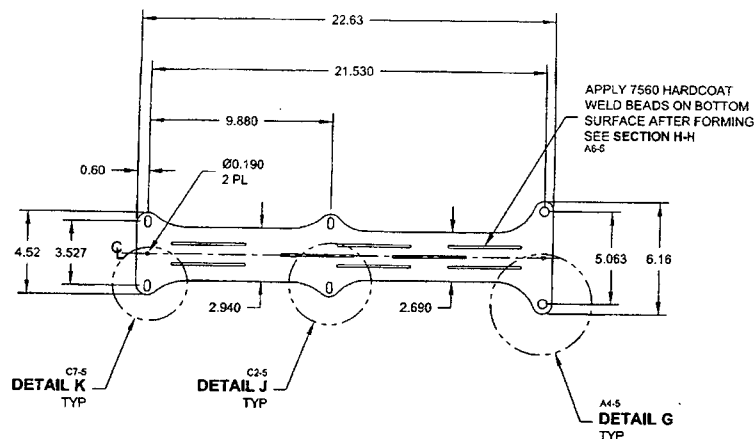
NOTES:

- 1) MATERIAL: AISI 1010-1025 OR ASTM A36/A366/A1008 OR CSA G40-21, 38W/44W/50W/60W/70W SERIES STEEL 18 GAUGE (0.048 THICK)
REF. DART SPEC. M1010-S18GA
- 2) FINISH: POWDER COAT GREY SANDEX (REF.4.3.5.6) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY ON INSIDE SURFACE WITH "TCCA-PDA, DART AEROSPACE LTD., P/N D3319-3 B/N BXXXXX, FOR PRODUCT ELIGIBILITY SEE PDA05-16" PER DART QSI 044 6.1 (FINE POINT PAINT MARKER)
- 7) WEIGHT: 3.25 lbs APPROX
- 8) SYMMETRY: ABOUT CENTERLINE

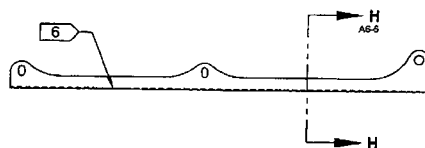
RELEASED
2012 JUL 16
912016

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	J	HAWKESBURY, ONTARIO, CANADA	
CHECKED	92	DRAWING NO.	REV. C
MFG. APPR.	DS	D3319	SHEET 2 OF 4
APPROVED	7	TITLE	SCALE
DE APPR.	7	WEARPLATE	NTS
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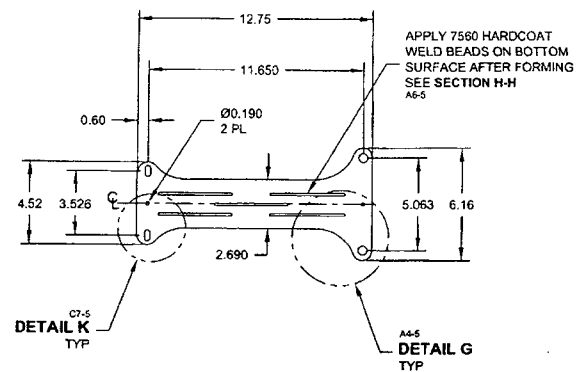
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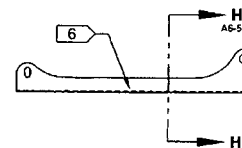
D3319-5F FLAT PATTERN



D3319-5 BENDING DETAIL
MAKE FROM D3319-5F



D3319-7F FLAT PATTERN



D3319-7 BENDING DETAIL
MAKE FROM D3319-7F

D3319-5/-7 WEARPLATE

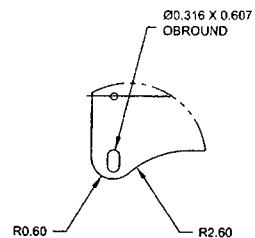
NOTES:

- 1) MATERIAL: AISI 1010-1025 OR ASTM A36/A366/A1008 OR CSA G40-21, 38W/44W/50W/60W/70W SERIES STEEL 18 GAUGE (0.048 THICK) REF. DART SPEC. M1010-S18GA
- 2) FINISH: POWDER COAT GREY SANDEX (REF. 4.3.5.6) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY ON INSIDE SURFACE WITH "TCCA-PDA, DART AEROSPACE LTD., P/N D3319-X B/N BXXXXX, FOR PRODUCT ELIGIBILITY SEE PDA05-18" PER DART QSI 046 6.1 (PERMANENT MARKER)
- 7) WEIGHT: D3319-5 = 1.05 lbs APPROX; D3319-7 = 0.60 lbs APPROX
- 8) SYMMETRY: ABOUT CENTERLINE

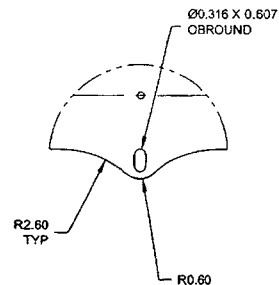
RELEASED
R 2012-02-16
912.0316

DESIGN	PH	DART AEROSPACE LTD	
DRAWN	J	HAWKESBURY, ONTARIO, CANADA	
CHECKED	JP	DRAWING NO.	REV. C
MFG. APPR.	JP	D3319	SHEET 3 OF 4
APPROVED	JP	TITLE	SCALE
DE APPR.	JP	WEARPLATE	NTS
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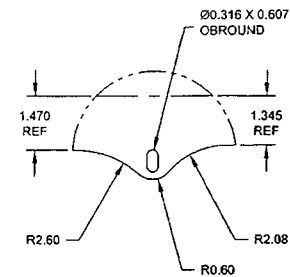
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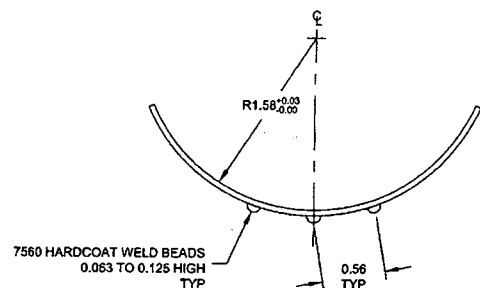
DETAIL K
SCALE 2X



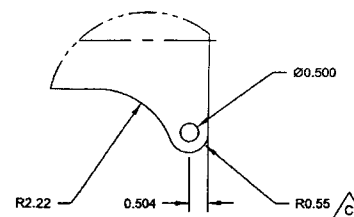
DETAIL F
SCALE 2X



DETAIL J
SCALE 2X



SECTION H-H
SCALE 4X



DETAIL G
SCALE 2X

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2012-02-16
412.03.16

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DRAWN		HAWKESBURY, ONTARIO, CANADA
CHECKED		DRAWING NO. REV. C
MFG. APPR.		D3319 SHEET 4 OF 4
APPROVED		TITLE SCALE
DE APPR.		WEARPLATE NTS
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